PRINTED: 09/10/2007 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER:  A BUILDING		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED				
		09G178	B. WIN	IG		08/2:	3/2007
	ROVIDER OR SUPPLIER			130	ET ADDRESS, CITY, STATE, ZIP CODE 17 45TH PLACE, SE ASHINGTON, DC 20019	PE .	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOT CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
W 000	INITIAL COMMEN	τs	W	000			
W 124	August 22, 2007 the random sample of a client population varying degrees of the survey was consurvey process. The sed on observation two day program, it and residential direction and a review of the records to include reporting system. 483.420(a)(2) PRORIGHTS  The facility must experience the facility must experience the facility area.	Impleted using the fundamental the findings of this survey were tons at the group home and interview with day program staff ect care staff and management, the habilitation and administrative the review of unusual incident of the received of the control of th	w ·	124			
	This STANDARD Based on observareview, the facility parent, or legally a medical conditions status, attendant risks.	itus, attendant risks of the right to refuse treatment.  is not met as evidenced by: tions, interviews and record failed to ensure of each client, uthorized party of the client's, developmental and behavioral sks of treatment, and of the tment for two of the two clients					
LABORATOR	Y PRECTOR'S OR REGOV	DEPOSUPPLIER REPRESENTATIVE'S SIG	NATURE		TITLE		(XR) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M		PLE CONSTRUCTION G	(X3) DATE SURVEY COMPLETED	
		09G178	B. Wil	NG_		08/2	3/2007
	ROVIDER OR SUPPLIER F WASHINGTON			1:	REET ADDRESS, CITY, STATE, ZIP CODE 307 45TH PLACE, SE VASHINGTON, DC 20019		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRI DEFICIENCY)	JLD BE	(X5) COMPLETION DATE
W 124	The facility failed to informed of the risk psychotropic medic management plans.  Observations of the 8/22/07-at 5:35 PM received Rozerem.  Interview with the L (LPN), Qualified Me (QMRP) and the reorders dated 7/31/0 revealed the aforer used in conjunction Management Plan maladaptive behav.  Additional interview 8/23/07 at 11:00 AM written consent for	ensure Clients #2 was and benefits of his/her rations and behavior as evidenced below: e evening medication pass on revealed that Client #2 mg and Zyprexa 2.5 mg. icensed Practical Nurse ental Retardation Professional view of the client's Physician's 7 at approximately 6:15 PM mentioned medication were with the Behavior (BMP) to manage the client's	w		The consent form was sent to client # mother on 4-16-07, and 6-28-07; how the mail was returned due to the wron address. All forms were resent on 8-30 after the mother called, and gave the address. Refer to attachment #1 In the future, the facility will ensure the consent is obtained prior to the use of restrictive measures ( Psychotropic me	wever, ng 0-07, correct nat witten f the	8-30-07
W 130	dated 6/28/07 reverto give informed co independent decision her habilitation plan financial and medicinatters.  At the time of the sthat the Client had refuse medications and benefits of behincludes the behavior of psychotropic me	ons on her on behalf regarding ining, placements, treatment,	W		The agency has the consent form for of the psychotropic medications. The of the form was explained to client #1 the treatments, benefits and potential effects associated with the medication the rights to refuse treatment; further the consent form was obtained, and couring the ISP meeting on 5-11-07 Refer to attachment #2	content Lincluding side side more,	

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
•		09G178	B. WI	NG	· ·	08/2:	3/2007
	ROVIDER OR SUPPLIER F WASHINGTON			1:	REET ADDRESS, CITY, STATE, ZIP CODE 307 45TH PLACE, SE VASHINGTON, DC 20019		
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W 130	The facility must er	sure the rights of all clients.	W	130			
	Based on observat direct care staff fail clients's which resid	-					
	the morning direct assisting Client #3 bathroom without or PM on the same do observed to assist remained standing without closing the direct care staff was	7 at approximately 7:45 AM care staff were observed to the bathroom and left the out closing the door. At 3:31 ay, direct care staff was Client #2 to the bathroom and in the bathroom with the client bathroom door. Although the s in both instances was aware open neither staff closed the			All staf were trained on privacy on 4-2 apparently the training was not effect All staff were re-trained on 8-25-07. Refer to attachment #3  In the furure the facility will ensure th staff implement the privacy protocol a on the Agency Policy.	ive. at the	8-25-07
	2007 at 3:00 PM re received training in during the client pe no evidence that the Review of the train August 24, 2006 w training on privacy direct care staff. R	touse manager on August 23, evealed that the direct care had the area of privacy, especially rsonal care needs. There was e training was effective.  Ing log indicated that on as the last documented provided to the group home eview of the agency policy and I revealed a privacy protocol billowing:			All staf were trained on privacy on 4-2 apparently the training was not effect All staff were re-trained on 8-25-07. Refer to attachment #3  In the furure the facility will ensure the staff implement the privacy protocol a on the Agency Policy.	ive. at the	8-25-07 . ·
	"When clients are i	n their bedrooms and/or the				,	

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTI A. BUILDIN	PLE CONSTRUCTION  G	(X3) DATE SURVEY COMPLETED	
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W 130 W 148	bathroom the door ajar allowing for pri	should be closed or slightly vacy". IMUNICATION WITH	W 130 W 148			
`	The facility must no parents or guardian changes in the clier	ortify promptly the client's of any significant incidents, or not's condition including, but not lness, accident, death, abuse,				
	Based on staff inter facility failed to prov notification of parer	s not met as evidenced by: rview and record review, the vide evidence of prompt nts or guardians of a significant potentially harmful for each e facility.				
	family had been no incidents:  1. Client #1 on Apr	ensure that each client's tified of the following unusual il 2, 2007 exhibited a in which he punched a whole		The Qmrp and house manager were on the incident reporting by the new Management Coordinator. Refer to atttachment # 4 In the future the facility will ensure to incidents are immediately reported to entities including the family members	Incident {  hat all o all the	3-30-07
	2. Client #1 on Apr be seated on the co	il 17, 2007 was attempting to buch hit his head.		Refer to W 148 (1) P. 4	8	-30-07
		, 2007, Client #1 was idence hospital and admitted tment.		Refer to W 148 (1) P. 4  The Qmrp and house manager were on the incident reporting by the new Management Coordinator	inserviced Incident	-30-07 8-30-07
		07, Client #2 was observed th and the etiology was		Refer to atttachment # 4 In the future the facility will ensure to of unknown origin are immediately re	hat all inciden	

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDII	IPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
,		09G178	B. WING		08/2	3/2007
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W 148	Continued From pa	ge 4	W 148	3	1	and the state of t
		2007, Client #2 was observed n/bruise on his forehead.		Refer to W 148 (1) P. 4		8-30-07
		cember 9, 2006 hit his head on and received an injury.		Refer to W 148 (1) P. 4		8-30-07
W 153	to the surveyors, re family/guardians we as reflected on the	ual incident reports, provided evealed that none of the clients are notified of these incidents UIR in the notification section.	W 153	3		No.
	mistreatment, negle injuries of unknown immediately to the	nsure that all allegations of ect or abuse, as well as a source, are reported administrator or to other nce with State law through ures.				
~	Based on staff inter facility failed to ens origin and serious u reported immediate	is not met as evidenced by: rview and record review, the ure that all injuries of unknown unusual incidents were ely to the governmental ed by DC regulation (22 DCMR is 3519.10)				
	The finding include	s:				
	reports and intervie Retardation Profes 2007 at 9:45 AM, re report the following	acility's unusual incident ew with the Qualified Mental sional (QMRP) on August 22, evealed the facility failed to incident(s) to the the governmental agency.				of control con

	to i ortinepiorate	T THE DIGITION OF THE PROPERTY			<del></del>		
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING			(X3) DATÉ SURVEY COMPLETED	
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	ROVIDER OR SUPPLIER				REET ADDRESS, CITY, STATE, ZIP CODE 307 45TH PLACE, SE		
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W 153	2007, revealed Clie was observed swol information availab this injury.  b. Review of a nu 16, 2007 revealed the primation availab this head on the injury that was noted forehead. Interview failed to reveal and for review.  c. On August 24, and the primation of the scalar contusion to the scalar contusion and the scalar contusion contusion and the scalar contusion	ident report, dated June 22, ant #2 right side of his mouth len. There was no further le to determine the origin of arsing progress note on August that staff reported that Client he dresser and received an ad a laceration/bruise on his with the the house manager unusal incident was available 2007 at 2:40 PM review of the aled a hospital discharge and 4/4/07 for Client #1 which my treament was provided for a alp. Review of the unusual ystem failed to reflect a been completed for this injury om visit.  FF TREATMENT OF  Eve evidence that all alleged ughly investigated.  Is not met as evidenced by: and record review the facility unusual incidences of injuries were thoroughly investigated.		103	The Qmrp reported to the day program Monday, June 25, 2007. According to day program nurse client #2 was disp a maladaptive behavior, and injured here to attachment #5.1 In the future the incident managment will ensure that all of the day program are fully investigated.  This mentioned incident was completed on August 16, and was on file at the Refer to attachment #5.2.  In the future the facility will ensure the incidents are immediately faxed to the department of health, filed in the facility available upon request.  This mentioned incident is on file, and to all of the entities on 4-04-07. The reported to the day program for follow Refer to Attachment #5.3.  In the future the facility will ensure the following the incidents are thouroughly investigated.	o the laying laying imself; coordinator incidents ed office lat all le lity, and d was reporte Qmrp N-up.	
	log book on August the following incide	t 22, 2007 at 9:45 PM revealed nts and/or injuries of unknown					

#### FORM APPROVED OMB NO. 0938-0391 DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT	TIPLE CONSTRUCTION NG	(X3) DATE SU COMPLET	RVEY ED
		09G178	B. WING		08/23	12007
	ROVIDER OR SUPPLIER WASHINGTON	<u> </u>	į.	REET ADDRESS, CITY, STATE, ZIP CODE 1307 45TH PLACE, SE WASHINGTON, DC 20019		
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W 154	2007, revealed Clie was observed swo information available this injury.  b. On August 24, mursing noted revesummary sheet daindicated the prima contusion to the scincident reporting investigation had be the cause of this in 483.430(a) QUALI RETARDATION PEach client's active integrated, coording qualified mental resulting the facility Professional (QMF monitor, integrate health and safety.  The findings included the cause of the coording the coording that the facility professional (QMF monitor, integrate health and safety.  The findings included the cause observed to restaff from the day with the House Market in the cause of the cause	ident report, dated June 22, ent #2 right side of his mouth lilen. There was no further ole to determine the origin of 2007 at 2:40 PM review of the saled a hospital discharge sted 4/4/07 for Client #1 which any treament was provided for a calp. Review of the unusual system failed to reflect an open completed to determine onjury and emergency room visit. FIED MENTAL ROFESSIONAL be treatment program must be nated and monitored by a standation professional.  Is not met as evidenced by: tion, staff interview and record Qualified Mental Retardation RP), failed to adequately and coordinate each client's de:  2007 at 1:00 PM Client #2's eturn home with the direct care program van run. Interview anager, Client #2 had been	W 15	The Qmrp reported to the day program Monday, June 25, 2007. According to day program nurse client #2 was distended as a maladaptive behavior, and injured Refer to attachment # 5.1. In the future the incident managment will ensure that all of the day programare fully investigated.  This mentinoned incident is on file, at to all of the entities on 4-04-07. The reported to the day program for follow Refer to Attachment # 5.2.  In the future the facility will ensure the program incidents are thouroughly in the future the facility will ensure the program incidents are thouroughly in the future the facility will ensure the program incidents are thouroughly in the future the facility will ensure the facility will ensure the program incidents are thouroughly in the facility will ensure the fac	the playing himself; at coordinator incidents and was report to the component of the coordinator incidents and was report to the coordinator incidents and was report to the coordinator incident and the coordinator incidents and the coordinator incident and the coordinator	
	with the House Ma refusing to attend		,			

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) ML A. BUIL		PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		09G178	B. WIN	G		08/2:	3/2007
	ROVIDER OR SUPPLIER WASHINGTON			13	EET ADDRESS, CITY, STATE, ZIP CODE 107 45TH PLACE, SE ASHINGTON, DC 20019	`	
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W 159	According to the Hoteam meeting result reduce Client #2's of schedule to 3 days behavior.  Interview with the diand a review of Client revealed that Client program since July QMRP at 2:00 PM attended the day proto the client's behavior enter the day proto the client's behavior.  The facility QMRP is alternative program to reflected activities.	buse manager the previousl ted in the team agreeing to day program attendance a week due to the client's ay program staff at 10:00 AM ent #2's attendance sheet at #2 had not attended the day 2007. Interview with the confirmed that the client only rogram three days a week due vior and refusal to exit the van agram. Review of Client #2's all activities schedule date July Client #2 received aing in the group home on stadys of each week only. The don't reflect in home day aing for the client on Mondays, ridays.  Failed to ensure that an aming schedule was amended so for Client #2 and failed to eason why the client's day	W 1	CC R	Client # 2 alternative schedule has be and include all of the days of the week monday through Friday). Refer to attachment # 6 in the future the Qmrp will ensure that alternative schedule is amended, and communicate the reason why the clien attending the day program.	k ot the client's will	8-25-07
		IRP failed to ensure that staff or to perform their jobs 189]		R	Refer to W 130 P. 3	8	3-25-07
W 189	evacuation drills at See W440]	RP failed to ensure that hold least quarterly for each shift. [	W 1	I	All staff will be in-serviced on the evac in the future, the facility Qmrp will en all evacuation drills are conducted as	sure that	9-23-07
		ovide each employee with g training that enables the					

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W 189	efficiently, and com	m his or her duties effectively, petently. s not met as evidenced by:	<b>W</b> 1	189	•		
	failed to ensure that provided with adeq employees to perfo efficiently and com						
	AM, direct care staf #3 to the bathroom without out closing same day, the evel observed to assist stand in the bathro- closing the bathro- care staff was awa	7 at approximately 7:45 f was observed to assist Client and to leave the bathroom the door. At 3:31 PM the ning direct care staff was Client #2 to the bathroom and orn with the client without in door. Although the direct re that the door was open, no or to allow the client privacy.			Refer to W 130 P. 3 Attachment #3		8-25-07
W 250	2007 at 3:00 PM re trained in the area the client personal evidence that the to 483.440(d)(2) PRC The facility must de schedule that outling	douse manager on August 23, evealed that the direct care was of privacy, especially during care needs. There was no raining was effective.  PGRAM IMPLEMENTATION evelop an active treatment hes the current active treatments readily available for review by	w:	250			
	This STANDARD	is not met as evidenced by:					

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M		PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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	ROVIDER OR SUPPLIER F WASHINGTON			1:	REET ADDRESS, CITY, STATE, ZIP CODE 307 45TH PLACE, SE VASHINGTON, DC 20019		
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W 250	Based on observati review, the facility for client's Individual Provere incorporated it schedules for one cosample. (Clients #2)  The finding includes Although, the activity the facility's QMRP alternative schedule Client #2 was recievely programming in the 483.460(a)(3) PHYS	on, staff interview and record alled to ensure that each rogram Plan (IPP) objectives in their individual activity of the two clients in the )  s:  clies schedule was available, failed to ensure that actitivites awas changed to reflect that ving day treatment group home. [See W159] SICIAN SERVICES	W:		Refer to W 159 (1) P. 8		8-25-07
	Based on interview failed to ensure gen. The finding includes. The facility failed to up as evidenced be. Interview with the new 42's medical record approximately 1:30 the client was seen recommended a fol Further review of the that no follow up ap as recommended.	ensure timely medical follow low: urse and the review of Client s on August 23, 2007 at PM revealed that on 7/21/06 by the ENT. The ENT low up visit by July 2007. e consultation sheets revealed pointment had been schedule			Client #2 has the ENT appointment so 12-21-07. This appointment was made after the call for the follow-up visit In the future the facility nurse will ens appointments are made timely, and ca is made available to show the attemp	e in June sure that all log	
W 331	483.460(c) NURSIN	IG SERVICES	w:	331			

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
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W 331	services in accorda	ovide clients with nursing nce with their needs.	W	331			
	Based on interview						
	1. Observation of the medication pass on August 22, 2007 at 5:45 PM revealed that the nurse administered Client #2's medication regimen at approximately 5:55 PM. The client received Ducosate Sodium 100 mg, Zyprexa 2.5 mg and Rozerem 8 mg.			; ;	The nursing inservice training was con Refer to attachment # 7 In the future the medication passing n follow the physician order as written. The medications will be administrated as property.	urse will The	8-22-07 s
	administration recort the physician's orde	erification in the medication rds at 6:10 PM revealed that ers dated August 1, 2007 ication to be administered at			orders.		
·	procedures indicate be given either 1 ho prescribed time of a	cy nursing policy and d that the medication were to ur before or 1 hour after the dministration. The nurse #2 medication 2 hour and 5 prescribed time of	,	] 1	The nursing inservice training was com Refer to attachment #7 In the future the medication passing n Follow the physician order as written. The medications will be administrated as peoplers.	urse will The	8-22-07 s
	#1's ENT appointme	se failed to ensure that Client ent was scheduled as e ENT Consultant. [See			Client #2 has the ENT appointment scl This appointment was made in June after the call for the follow-up visit		12-21-07
	3. On August 24, 2	007 at 2:40 PM review of the		ļ	In the future the facility nurse will ensi appoinments are made timely, and call available to show the attempts.	ure that log is made	<u>.</u>

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W 331	summary sheet for primary treament w the scalp. Review of reporting system fail and an investigation	ge 11 aled a hospital discharge Client #1 which indicated the as provided for a contusion to of the unusual incident iled to reflect a incident report in had been completed to e of this injury and emergency	w:	331	This mentioned incident is on file, and to all of the entities on 4-04-07. The reported to the day program on for fo Refer to Attachment # 5.3 In the future the facility will ensure th program incidents are thouroughly in	Qmrp llow-up. at all day	ed
	<ul> <li>4. The facility nursing staff failed to ensure general and preventive care. (See W322)</li> <li>5. The facility's medication nurse failed to administer client medications without error. (See W369)</li> </ul>				Refer to W 331 (2) P. 11  Refer to W 331 (1) P. 11  Attachment #7		2-21-07 8-22-07
W 369	6. The facility's medication were sepass. (See W382)	dication nurse failed to ensure ecure during the medication	w s		The nurse inservice training was comp Refer to attacht # 7 In the future the medication passing r ensure that medications are secured of medication pass.	nurse will	8-22-07
	that all drugs, includ	g administration must assure ling those that are re administered without error.					
	Based on observation review, the facility far nurse administered	s not met as evidenced by: on, interview and record alled to ensure that medication prescribed medication with the two clients' in the sample.					
	revealed that the nu medication regimen	August 22, 2007 at 5:45 PM rse administered Client #2's at approximately 5:55 PM. Ducosate Sodium 100 mg,					

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING		(X3) DATE SURVEY COMPLETED	
		09G178	B. WING _		08/2:	3/2007
	ROVIDER OR SUPPLIER F WASHINGTON		1	REET ADDRESS, CITY, STATE, ZIP CODE 307 45TH PLACE, SE VASHINGTON, DC 20019		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC' (EACH CORRECTIVE ACTION SHOWN CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
W 369	Continued From pa	ge 12	W 369			
. · ·	administration reco	verification in the medication rds at 6:10 PM revealed that ers dated August 1, 2007 ication to be administered at		Refert to W 331 (1) P. 11 Attachment # 7	8	3-22-07
	procedures indicate be given either 1 ho prescribed time of a administered Client minutes before the administration.			Refert to W 331 (1) P. 11 Attachment # 7	8	3-22-07
W 382	483.460(I)(2) DRUG RECORDKEEPING		W 382			
		ep all drugs and biologicals n being prepared for				
	Based on observati	s not met as evidenced by: on, the facility failed to keep all ils locked securely when not administration.				
	The findings include	e:	•			
	the medication pass nurse pouring Clier them on the counte medication cabinet room where the clie his medication regin the living room, two	7 at 5:45 PM observation of servealed the medication at #1 medication and leaving or top. The nurse also left the open and went into the living ent was seated to administered ment. While the nurse was in direct care staff and the re observed to enter the		The nurse inservice training was com Refer to attacht # 7 In the future the medication passing ensure that medications are secured medication pass.	nurse will	8-22-07

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	l, ,	X2) MULTIPLE CONSTRUCTION (X3) DATE COMP			
		09G178	B. WING _		08/23	3/2007	
	ROVIDER OR SUPPLIER F WASHINGTON		1	REET ADDRESS, CITY, STATE, ZIP CODE 307 45TH PLACE, SE VASHINGTON, DC 20019			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR DEFICIENCY)	CTION SHOULD BE COMPLÉTION THE APPROPRIATE DATE		
W 382	Continued From page 13		W 382				
W 440	ensured the all the consistently and pro 483.470(i)(1) EVAC	UATION DRILLS  Id evacuation drills at least	W 440				
	Based on review of failed to hold evacu for each shift of per The finding includes Interview with the H 2007, at approxima the staff shifts are a 7:00 AM - 3:00 AM; PM - 7:00 AM Monor Review of the fire difailed to hold fire evileast quarterly. The conducted were required august 2006 - Octo 7:00 AM shift February 2007 - Ap 3:00 PM shift May 2007 - July 2007	ouse Manager on August 22, tely 10:55 PM revealed that is follows:  3:00 PM - 11:00 PM; 11:00 lay through Sunday  rill log revealed that the facility acuation drills for all shifts at the were no fire drills juired within the follow periods:  ber 2006 on the 11:00 PM -  ril 2007 on the 7:00 Am to  7 on the 3:00 - 11:00 PM shift as were referred to the Office		All staff will be in-serviced on the evading the future, the facility Qmrp will en all evacuation drills are conducted as	sure that	9-23-07	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLI IDENTIFICATION NO.			(X2) MULTIPLE CONSTRUCTION  A. BUILDING  B. WING		(X3) DATE SURVEY COMPLETED		
NAME OF B	BOMBER OF CHERNIES	09G178	STREET AD	DEED OFFI	STATE TIP AGOS	08/23/2007	
•	ROVIDER OR SUPPLIER F WASHINGTON		1307 45TI	H PLACE, S HON, DC 2		`	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE COMPLE	
R 000		was conducted from .		R 000			
	22, 2007 through August 23, 2007. A random sample of two clients was selected from a client population of four male clients with varying degrees of disabilities.						
	The findings of this survey were based on observations at the group home and two day program, interview with day program staff and residential direct care staff and management, and a review of the habilitation and administrative records to include the review of unusual incident reporting system.						
R 125	4701.5 BACKGROU	JND CHECK REQUI	REMENT	R 125	·		
	criminal history of the contract worker for in all jurisdictions with employee or contract	round check shall dis ne prospective emplo the previous seven (7 ithin which the prospect or worker has worked even (7) years prior to	yee or 7) years, ective I or				
	Based on the review failed to ensure crim the previous seven	met as evidenced by: v of records, the GHM ninal background che (7) years, in all jurisd r resided within the se	MRP cks for ictions				
	The finding includes	i E					
	at approximately 1:3	nnel files on August 80 PM revealed the G iminal background c	HMRP		The criminal background of the menti- direct care was on file.	oned	
ha alith. Da an is	tion Administration			<del></del>			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE STATE FORM

TITLE

(X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIES IDENTIFICATION NUM			(X2) MULTIPLE CONSTRUCTION  A. BUILDING  B. WING		(X3) DATE SURVEY COMPLETED						
		09G178				08/2	3/2007				
R C M OF WASHINGTON 1307 45 WASHIN			ADDRESS, CITY, STATE, ZIP CODE  5TH PLACE, SE INGTON, DC 20019								
(X4) ID PREFIX TAG	IX (EACH DEFICIENCY MUST BE PRECEDED BY FULL		(EACH DEFICIENCY MUST BE PRECEDED BY FULL		(EACH DEFICIENCY MUST BE PRECEDED BY FULL		(EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EAC		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLE DATE
1 000	INITIAL COMMEN	гѕ	<del></del>	1 000	•						
	22, 2007 through A sample of two clien population of four n degrees of disabiliting. The findings of this observations at the program, interview residential direct call a review of the habi	was conducted from ugust 23, 2007. A rate was selected from nale clients with varyings.  survey were based of group home and two with day program stare staff and manager dilitation and administration ereview of unusual	andom a client ing on day ff and ment, and	\$							
I 135	3505.5 FIRE SAFE	ΤΥ		I 135							
		conduct simulated fi ectiveness of the plar r for each shift.									
	This Statute is not a Based on interview GHMRP failed to er conducted a fire dril		: e .								
}	The finding includes	Ì		All staff will be in-serviced on	the evacuation drills	9-23-0					
		ncy Report Citation V	<b>V</b> 440		In the future, the facility Qmrp all evacuation drills are conduction	will ensure that ted as scheduled.					
1 203	3509.3 PERSONNE	EL POLICIES		1 203							
Ì	descriptions with ea	all discuss the conter ch employee at the b least annually therea	eginning			t months and the second					
	Based on record rev	met as evidenced by: riew, the GHMRP fail ew current job descrip	ed to			and the second s					

STATE FORM

9HMK11

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION			PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		TIPLE CONSTRUCTION	(X3) DATE SI COMPLE	
		09G178		B. WING 08/2		08/2:	3/2007
NAME OF P	ROVIDER OR SUPPLIER		STREET AD	DRESS, CITY,	STATE, ZIP CODE		
RCMO	F WASHINGTON		1307 45TH WASHING	H PLACE, S STON, DC 2	SE 20019		•
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETE DATE	
1 203	Continued From pa	gė 1		1 203			
	all employees annu	ally.					
	The finding includes	•					
	Review of the personnel files conducted on August 23, 2007, revealed that GHMRP failed to provide evidence of current signed job descriptions for three(3) direct care staff.		-	All of the direct care staff job descript are on file.		3-27-07	
l 206	3509.6 PERSONNEL POLICIES			1 206	,		
	Each employee, prior to employment and annually thereafter, shall provide a physician 's certification that a health inventory has been performed and that the employee 's health status would allow him or her to perform the required duties.						
	Based on record rev have on file for revie for all employees ar	-	iled to		-		
	revealed failure by t	: ', review of health ce he GHMRP to show rtification for the follo	evidence			Makes and the second se	
	<ul> <li>two direct care sta</li> <li>Occupational Ther</li> <li>Registered Nurse/</li> <li>Speech Therapist</li> <li>Podiatrist</li> </ul>	apist			The two direct care, and Occupational health certificates are currently on file Refer to attachment # 8.1, 8.2 & 8.3	es. ·	8-27-07
	- Primary Care Phys - Psychiatrist	sician			All of the consultants' health certificate on file by 9-30-07	es will be	9-30-07

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULT A. BUILDIN				
		09G178		B. WING_	<del></del>	08/23	3/2007
NAME OF P	ROVIDER OR SUPPLIER		STREET AD	DRESS, CITY,	STATE, ZIP CODE	1	
R C M O	R C M OF WASHINGTON 1307 45T WASHING						
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR DEFICIENCY)	(X5) COMPLETE DATE	
1 222	Continued From pa	ge 2	· · ·	l 222	,		
1 222	3510.3 STAFF TRA	INING		1 222			
	There shall be continuous, ongoing in-service training programs scheduled for all personnel.  This Statute is not met as evidenced by: Based on observations, interview and record verification, the GHMRP failed to ensure continuous, ongoing in-service training programs were conducted for all personnel.  The finding includes:						
					and the state of t		
	See Federal Deficiency Report Citation W189			Refer to W 120 D 2	0.7	- 07	
I 379	3519.10 EMERGEN	ICIES			Refer to W 130 P. 3 Attachment # 3	8-2	5-U/
	In addition to the reporting requirement in 3519.5, each GHMRP shall notify the Department of Health, Health Facilities Division of any other unusual incident or event which substantially interferes with a resident 's health, welfare, living arrangement, well being or in any other way places the resident at risk. Such notification shall be made by telephone immediately and shall be followed up by written notification within twenty-four (24) hours or the next work day.				The second secon		
	Based on observation review, GHMRP directly Qualified Mental Re		ord the al				
	a manga maada						

9HMK11

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			A. BUILDII	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
		09G178		B. WING		08/2	3/2007
NAME OF F	PROVIDER OR SUPPLIER				STATE, ZIP CODE	`	
R C M O	WASHINGTON WASHINGTON			I PLACE, S TON, DC 2			
(X4) ID PREFIX TAG	PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOWN CROSS-REFERENCED TO THE APPR DEFICIENCY)	(X5) COMPLETE DATE	
1 379	Continued From pa	ge 3		1 379			
	The review of the fareports and intervie Retardation Profess 2007 at 9:45 AM, rereport the following or to the government a. An unusual inc 2007, revealed Clie was observed swoll information available this injury.  b. Review of a nurule, 2007 revealed to the government in available this injury.  c. On August 24, 2	acility's unusual incid w with the Qualified Isional (QMRP) on Australia and the facility fai incidents to the admintal agency.  Ident report, dated Junt #2 right side of his en. There was no fulle to determine the or hat staff reported that he dresser and received a laceration/bruise with the the house rousal incident was a 2007 at 2:40 PM review.	Mental agust 22, alled to inistrator  une 22, a mouth other rigin of  on August at Client ved an on his manager vailable  ew of the		The Qmrp reported to the day program Monday, June 25, 2007. According to Day program nurse client #2 was disp a maladaptive behavior, and injured has Refer to attachment #5.1  In the future the incident managment will ensure that all of the day program are fully investigated.  This mentioned incident was complete on August 16, and was on file at the Refer to attachment #5.2  In the future the facility will ensure the incidents are immediatetly faxed to the department of health, filed in the facili available upon request.	o the blaying limself; coordinator incidents ed office at all e ity, and	
l 401	nursing noted revea summary sheet date indicated the primar contusion to the sca incident reporting sy incident report had I and emergency roof 3520.3 PROFESSIO PROVISIONS Professional service and evaluation, includevelopmental level services, and services	led a hospital discha ed 4/4/07 for Client # y treament was prov alp. Review of the un extem failed to reflect been completed for t m visit.	arge 11 which ided for a husual t a his injury IERAL diagnosis fent	l <b>4</b> 01	This mentinoned incident is on file, an to all of the entities on 4-04-07. The reported to the day program on for fo Refer to Attachment #5.3  In the future the facility will ensure th program incidents are thouroughly in	Qmrp llow-up. at all day	ted

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULT	IPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED			
		09G178		B. WING		09/22/2007		
NAME OF P	ROVIDER OR SUPPLIER		STREET ADI	DDRESS, CITY, STATE, ZIP CODE				
RCMO	F WASHINGTON		1307 45TI	STH PLACE, SE NGTON, DC 20019				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPE DEFICIENCY)	ULD BE COMPLETE			
l 401	Continued From pa	ge 4		I 401				
	Based on interview GHMRP failed to p treatment services service to prevent of	met as evidenced by and record review the rovided diagnosis, evand necessary follow deterioration or further resident in the facili	e valuation, vup r loss of					
	The findings include	e:						
	See Federal Deficie W331	ency report Citation V	V322 and		Refer to W 331 P. 10 Refer to W 322 P. 11	12-21-07 8-22-07		
1 472	3522.3 MEDICATIO	ONS	·	I 472				
	resident shall devel implementation.  This Statute is not	of medications as a good on and monitor the posterior met as evidenced by	lan for		Refer to W 331 P. (1) P. 11	8+22-07		
	The finding includes See Federal Deficie W369, and W382	ency Report Citation	W331,		Refer to W 369 P. 12 Refer to W 331 (6) P.12	8-22-07 8-22-07		
	;	<u>'</u>						